

DEPARTMENT OF INSURANCE**License Bureau**

320 CAPITOL MALL

SACRAMENTO, CA 95814-4309

Information (800) 967-9331 or (916) 322-3555



**BAIL AGENT
CHANGE OF CORPORATE STOCKHOLDER,
OFFICER, OR DIRECTOR**

Name of corporation: _____ License # _____

THE ABOVE-NAMED CORPORATE BAIL AGENT HEREBY:

_____ Requests the Insurance Commissioner's approval to buy/sell/transfer stock in the corporation.
(Pursuant to California Insurance Code ' 1810 , any sale or transfer of stock or other interest in the corporation requires the **prior approval** of the department.)

List officers, directors, and shareholders in the below chart as they will exist following approval of this request.

Attach a self-addressed stamped envelope so the Department can send you its approval.

_____ Notifies the Insurance Commissioner of a change in its officers and/or directors.

List all officers, directors, and shareholders in the below chart as of the date of the change.

--All stockholders, officers and directors must be licensed bail agents--

	Name (Last, First, Middle)	License Number	Social Sec #	% of ownership	Effective date of change
President					
Vice-President					
Secretary					
Treasurer					
Director					
Director					
Director					
Stockholder					
Stockholder					
Stockholder					

SUBMITTED BY: Print Name _____ Title _____

Address _____ (_____) _____
(business phone)

Signature _____ Date _____

For Department use only

Approved by:

Date: